

Mobile Van Regulations & Plans for "How To" Webinar

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To: Angelina Budija <angelina.budija@aatod.org>



Dear Colleagues,

As most of our readers know, the Drug Enforcement Administration released the final regulations with regard to mobile vans, operating under the auspices of licensed Opioid Treatment Programs on June 28, 2021. The regulations will take effect on July 28, 2021. We are grateful to the DEA for completing their work on this important policy initiative and have been working with the DEA over the course of five years toward this outcome.

The expanded use of mobile vans will extend the reach of OTPs in rural and other underserved areas of the United States. We have been communicating with representatives from the Department of Agriculture, which has funding to purchase such vans as long as OTP operators use these vans in rural settings (population – 50,000 or less).

We have also been in communication with SAMHSA, so that OTPs can gain access to purchase and operate such vans using SAMHSA funds in suburban and urban areas, serving individuals, who are not able to travel to OTPs.

In our judgment, the use of such vans will work well in correctional settings, where the vans would provide increased access to the three federally approved medications to treat opioid use disorder. In this case, inmates would be inducted through these vans and maintained on such medications until they are released to an OTP.

Additionally, we have been in discussion with federal agencies, which have jurisdiction in this policy area to encourage the use of satellite medication units, operating under the aegis of OTPs.

Unlike mobile vans, the satellite medication units are fixed brick and mortar sites. The use of such medication units is permissible under existing SAMHSA regulations. We are encouraging OTPs to work in conjunction with the State Opioid Treatment Authorities to expand the use of such mobile vans and medications units.

AATOD has a number of committees, which will be developing policies to make existing OTP regulations more flexible in a post COVID-19 environment. To be sure, we have learned that providing patients with additional flexibility regarding take-home medications and the use of telehealth services (visual and audio) also provided greater flexibility to our patients.

We also have our colleagues at John Hopkins/OTPs working in conjunction with pharmacies to have clinically stable patients get access to medications through pharmacies

as the patient remains in treatment at the OTPs. We look forward to learning more about the success of this approach.

We plan to produce a “How To” webinar with regard to the process of developing mobile van services around mid-August 2021. This webinar will aim to do the following:

- feature speakers, who have been operating mobile van services for many years;
- provide details on federal and state funding support in developing such van systems;
- discuss the cost of purchasing such vans from leading manufacturers;
- provide updates on reimbursement mechanisms to support the use of such vans for patients, who have Medicaid/Medicare eligibility; and
- beginning the development of Best Practice Guidelines in using such vans to extend the reach of OTPs.

In conclusion, the OTP system has new opportunities to expand access to care while preserving the comprehensive nature of how we treat our patients. It is understood that we should use our recently learned experiences from the COVID-19 pandemic as a means of providing more flexible care to our patients. We will also renew our interest in using telemedicine in inducting new patients to OTPs with methadone through telehealth.

AATOD will work with our provider and policy partners in order to make the best use of these new opportunities. We recognize that we may not always agree on how to achieve these goals through certain policy partners but our Association is extremely clear on the need to preserve the integrity of care while expanding access to care during a time when fentanyl use is on the rise and we are treating patients with greater opioid tolerance. I will keep the field informed as we finalize details about producing this “How To” webinar.

With best regards,

Mark W. Parrino, M.P.A.
AATOD President

About AATOD

The American Association for the Treatment of Opioid Dependence (AATOD) was founded in 1984 to enhance the quality of patient care in treatment programs by promoting the growth and development of comprehensive opioid treatment services throughout the United States. AATOD represents more than 1,200 Opioid Treatment Programs in the United States. AATOD has twenty-nine state chapters and is also a founding partner in the development of the World Federation for the Treatment of Opioid Dependence, which represents another 600 treatment programs throughout Europe. AATOD actively works with the United Nations Office on Drugs and Crime and other agencies in order to provide access opioid addiction treatment wherever it is needed in the world.



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